Filed **CEL/BAL/20**NE **Ram**ee's of 1 Internal Revenue Service OF IRS OFFICE: (417)353-9232

DEBORAH W EVENSON 2937 S. CLAREMONT AVE. BLDG A

SPRINGFIELD, MO 65804

SOCIAL SECURITY ADMINISTRATOIN DIVISION OF CENTRAL ACCOUNTING

HD4170 PO BOX A

TO:

NAME AND ADDRESS OF TAXPAYER:

ROBERT J HASWELL 713 W BRIARWOOD LN NIXA, MO 65714-9062

IDENTIFYING NUMBER(S): 500-40-6224

Kind of Tax	Tax Period Ended	Unp. id Balance of Assessment	Statutory Additions	Total
CIVPEN CIVPEN CIVPEN CIVPEN	12/31/2004 03/31/2005 03/31/2007 06/30/2007 09/30/2007	\$69,760.50 \$39,622.93 \$90,719.83 \$12,251.39 \$81,721.32	\$13,026,07 \$7,328.71 \$16,623.88 \$2,063.18 \$15,115.29	\$82,786. \$46,951. \$107,343. \$14,314. \$96,838.
			Total Amount Due ⇒	\$348,233

We figured the interest and late payment penalty to 09/28/2012

THIS ISN'T A BILL FOR TAXES YOU OWE. THIS IS A NOTICE OF LEVY TO COLLECT MONEY OWED BY THE TAXPAYER NAMED ABOVE.

The Internal Revenue Code provides that there is a lien for the amount shown above. Although we have given the notice and demand required by the Code, the amount owed hasn't been paid. This levy requires you to turn over to us: (1) this taxpayer's wages and salary the have been earned but not paid, as well as wages and salary earned in the future until this levy is released, and (2) this taxpayer's other income that you have now or for which you are obligated,

We levy this money to the extent it isn't exempt, as shown in the instructions. Don't offset money this person owes you without contacting us at the telephone number shown above for instructions.

If you don't owe money to this taxpayer, please call us at the telephone number at the top of this form. Instead of calling us you may complete the back of Part 3, attach it as a cover to the rest of this form, and return all parts to IRS in the enclosed envelope.

If you do owe money to this taxpayer, please see the back of this page for instructions on how to act on this notice.

Signature of Service Representative DEBORAH W EVENSON

Title

REVENUE OFFICER

Part 1 -For Employer or other Addressee

Catalog No. 35390F

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Form 668-W(ICS) (7-200